



Illinois Department of Revenue

FOIA-1 Freedom of Information Act Request

☐ Information from the Illinois Department of Revenue ☐ Information from the Illinois Liquor Control Commission
(Please complete Page 2)

Illinois Department of Revenue (IDOR)

Send your request to:

FOIA OFFICER
ILLINOIS DEPARTMENT OF REVENUE
FREEDOM OF INFORMATION OFFICE
101 WEST JEFFERSON MAIL CODE 6-595
SPRINGFIELD IL 62702

Date Requested: ____/____/____

Request Submitted by: ____ E-mail ____ U. S. Mail
____ Fax ____ In Person

Name of Requester: _____ Phone (Optional): (____) ____ - ____

Street Address: _____ E-mail (Optional): _____

City/State/Zip: _____ Fax (Optional): (____) ____ - ____

Records Requested: Provide as much specific detail as possible. *Additional pages may be attached, if necessary.*

Transmittal information (for both IDOR and ILCC requests)

Do you want paper copies or electronic copies? ☐ Paper ☐ Electronic

What format are you requesting for electronic copies? _____

Is this request for a commercial purpose? ☐ Yes ☐ No

It is a violation of the Freedom of Information Act for a person to knowingly obtain a public record for a commercial purpose without disclosing that it is for a commercial purpose, if it is requested to do so by public body. 5 ILCS 140.3.1(c).

Are you requesting a fee waiver? ☐ Yes ☐ No

If you are requesting a waiver of any fees for copying the documents, you must attach a statement of the purpose of the request and whether the principal purpose of the request is to access or disseminate information regarding the health, safety and welfare or legal rights of the general public. 5 ILCS 140/6(c).

If you have questions, call us weekdays during business hours at **217 782-0985** or email at **rev.foia@illinois.gov** or fax us at **217 524-3402**.

Printed name Month Day Year

Signature

DATA REQUEST FORM - (page 2)

Illinois Liquor Control Commission (ILCC)

Data Field Information: Check all boxes to be included on the requested report

CORPORATION

- ☐ Corporate name
- ☐ Corporate Address
- ☐ Illinois Business Account
Number (or IBT Number)

DOING BUSINESS AS (D/B/A)

- ☐ D/B/A Name
- ☐ D/B/A Address
- ☐ D/B/A Telephone
- ☐ D/B/A County
- ☐ Retail Type (On/Off Premises)

STATE LICENSE

- ☐ License number
- ☐ License Class
- ☐ Issue Date
- ☐ Expiration Date

LOCAL LICENSE

- ☐ Local License Number
- ☐ Local License Issue Date
- ☐ Local License Expiration
- ☐ License Licensing Authority
(Municipality/County)

Data Selection Criteria: If requesting multiple zip codes, cities, or counties, attach a separate sheet as needed.

Status: Active Licensees____ OR issued dates from ____/____/____ to ____/____/____

ZIP Code(S): _____ CITY(S) _____ COUNTY(S) _____

License Class: Check all boxes to be included on the requested report

MANUFACTURERS

- ☐ Distiller
- ☐ Rectifier
- ☐ Brewer
- ☐ Wine Maker (1st Class)
- ☐ Wine Maker (2nd Class)
- ☐ Limited Wine Manufacturer
- ☐ Wine Manufacturer (1st Class)
- ☐ Wine Manufacturer (2nd Class)

DISTRIBUTORS

- ☐ Distributor

RETAILERS

- ☐ On Premises Retailer
- ☐ Off Premises Retailer
- ☐ Combined Retailer
- ☐ Wine Maker Retailer
- ☐ Brew Pub
- ☐ Caterer
- ☐ Auction

OTHERS

- ☐ Non-Beverage Users
- ☐ Non-Resident Dealers
- ☐ Airplane
- ☐ Boat
- ☐ Railroad
- ☐ Broker
- ☐ Winery Shipper's